

# ***“Disaster Preparedness in the Mental Health Community: Planning , Impact and Recovery”***

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**care**  
FAMILY NETWORK

# Recent disasters

- Floods – Memphis, Nashville
- Hurricane – Katrina (NOLA); Sandy (NY)
- Tornado – Alabama, Kansas
- Terror attacks – OKC, NYC and DC
- Earthquakes – San Francisco, Haiti, Japan, Philippines
- Tsunami – Thailand, Japan
- Explosions (nuclear) – 3 mile island, Japan





A disaster is a threatening or occurring event of such destructive magnitude and force as to:

- dislocate people
- separate family members
- damage or destroy homes
- injure or kill people



A disaster produces a range and level of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people, and impedes them from initiating and proceeding with their recovery efforts.





## Natural Disasters

- Floods
- Tornados
- Hurricanes
- Typhoons
- Winter storms
- Tsunamis
- Hail storms
- Wildfires
- Windstorms
- Epidemics
- Earthquakes

## Human-Caused Disasters

- Intentional and unintentional
- Residential fires
- Building collapses
- Power outages
- Transportation accidents
- Hazardous materials releases
- Explosions
- Domestic acts of terrorism



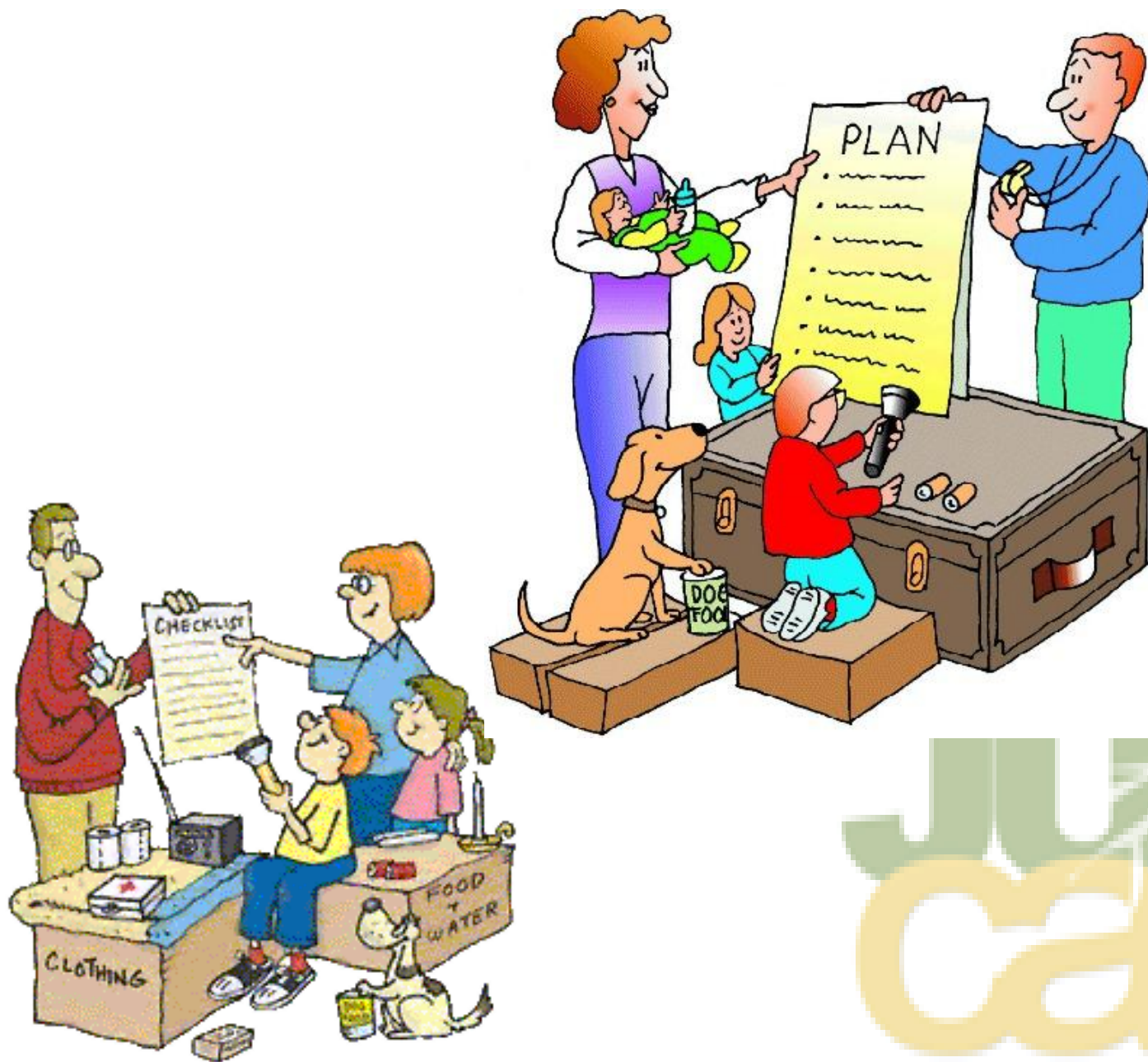


# Persons with mental illness want...

...the same things as others

- *Understanding how and what to prepare for in an emergency*
- *Knowing what to do in the emergency*





# Basic Emergency Kit

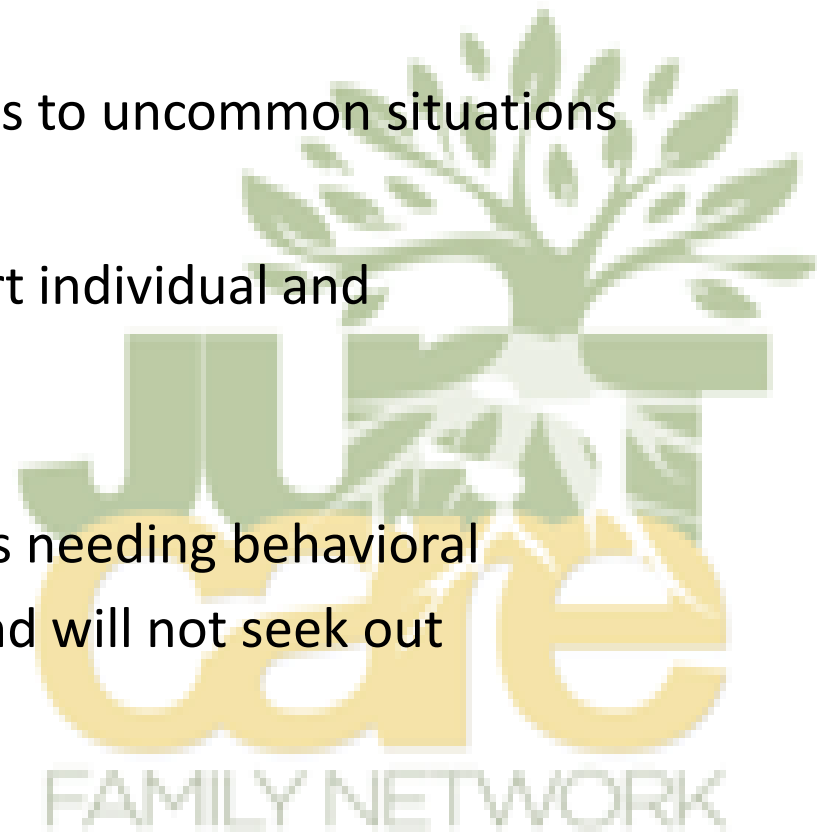
- Water and food
- Battery powered/hand crank radio
- Flashlight (extra batteries)
- First aid kit
- Whistle to signal for help
- Prescription meds
- Important documents
- Cash and change
- Change of clothing (shirt, pants, sweater, socks, sturdy shoes/boots)
- Blanket/sleeping bag
- Matches
- Paper and pencil

[www.ready.gov](http://www.ready.gov)



# Key Concepts

- Everyone in a disaster is touched by it
- People experience individual and collective trauma
- Stress and grief are common reactions to uncommon situations
- People's natural resilience will support individual and collective recovery
- Most people do not see themselves as needing behavioral health services following a disaster and will not seek out such services



# Overarching Concepts

- Normal reactions to abnormal situation
- Avoid “mental health” terms and labels
- Assistance is practical
- Assume competence
- Focus on strengths and potentials
- Encourage use of support network
- Active, community fit
- Innovative in helping



## Our Disaster Recovery Plan Goes Something Like This...



*“Mental Health is the linchpin to an effective response”*







# Mental Health Consequences



- 3/4 of the U.S. population will be exposed to some event that meets the stressor criteria for PTSD.
- About 11-15% of the individuals who are exposed to such traumatic events go on to develop full blown PTSD syndrome.
- The prevalence of psychiatric illness in disaster-affected communities generally increases by 20% in the 3 years following the incident.
- Following the Oklahoma City Bombing, 41% of survivors had diagnosable mental health conditions.

(WHO, 1992; Green, 1994)

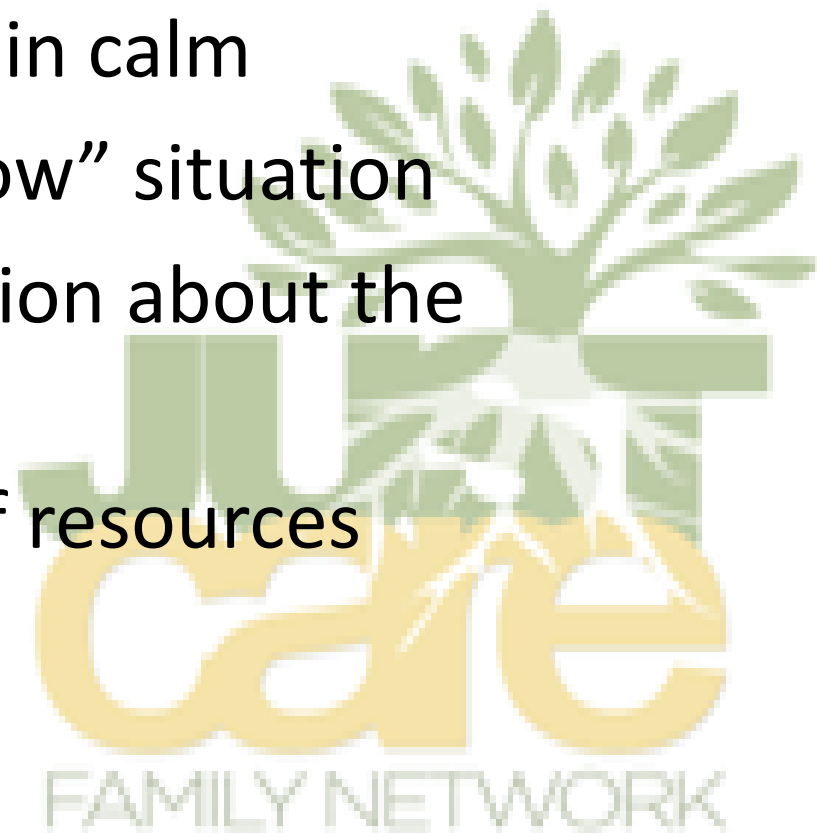
MISSOURI DEPARTMENT OF  
**MENTAL  
HEALTH**

*Behavioral Health  
Emergency Plan  
Template for  
Health Care Agencies*



# Guiding Principles in Providing Support

- First protect from danger
- Focus on physical and material care
- Be direct, active and remain calm
- Focus on the “here and now” situation
- Provide accurate information about the situation
- Assist with mobilization of resources



# Guiding Principles in Providing Support (cont)

- Do not give false assurances
- Recognize the importance of taking action
- Reunite with family members
- Provide and ensure emotional support
- Focus on strengths and resilience
- Encourage self-reliance
- Respect feelings and cultures of others





# “All-Hazards” Crisis Counseling and “Traditional” Behavioral Health Practice

- Primarily Office-Based
  - Focus on Diagnosis & Treatment of Mental Illness
  - Attempt to Impact Personality & Functioning
  - Examines Content
  - Encourages Insight into Past Experiences & Influence on Current Problems
  - Psychotherapeutic Focus
- Primarily Home & Community Based
  - Assessment of Strengths, Adaptation & Coping Skills
  - Seeks to Restore Pre-Disaster Functioning
  - Accepts Content at Face Value
  - Validates Appropriateness of Reactions and Normalizes Experience
  - Psycho-educational focus

# All-Hazards Crisis Counseling and “Traditional” Case Management

- Provide services to individuals with SPMI or other disability
  - Services provided for indefinite duration
  - Responsible and accountable for client service provision
  - Power to influence services for their client
  - Long-term relationship with clients
- Provide services to disaster survivors who often have a high level of functioning
  - Services provided do not require continuity of care
  - Empower disaster victims to advocate for services needed
  - Short-term relationship with disaster victims

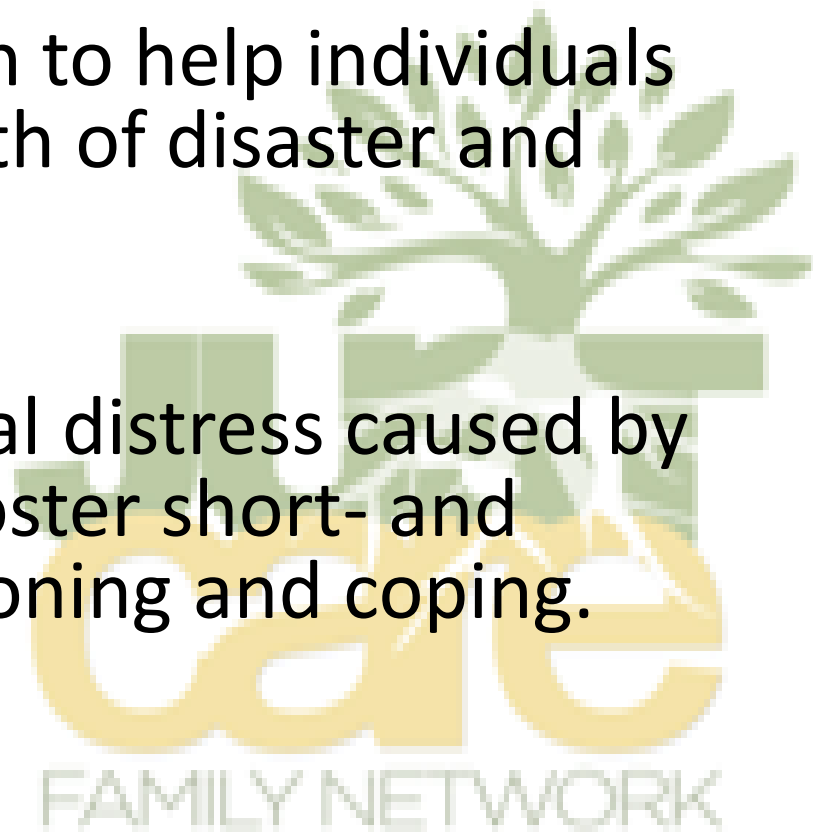


# Psychological First Aid

“acute intervention of choice”

Evidence-informed approach to help individuals in the immediate aftermath of disaster and terrorist events.

Designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping.



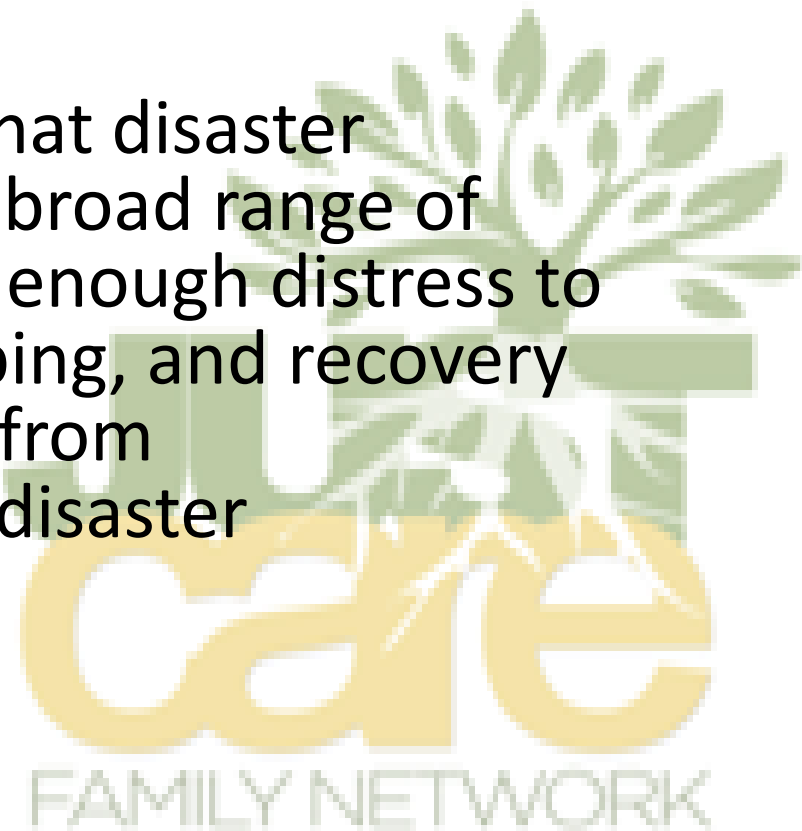


- Consistent with research evidence on risk and resilience following trauma
- Applicable and practical in field settings
- Appropriate for developmental levels across the lifespan
- Culturally informed and delivered in a flexible manner



Does not assume that all survivors will develop severe mental health problems or long-term difficulties in recovery

Based on an understanding that disaster survivors will experience a broad range of early reactions, may cause enough distress to interfere with adaptive coping, and recovery may be helped by support from compassionate and caring disaster responders.



# Psychological First Aid

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services



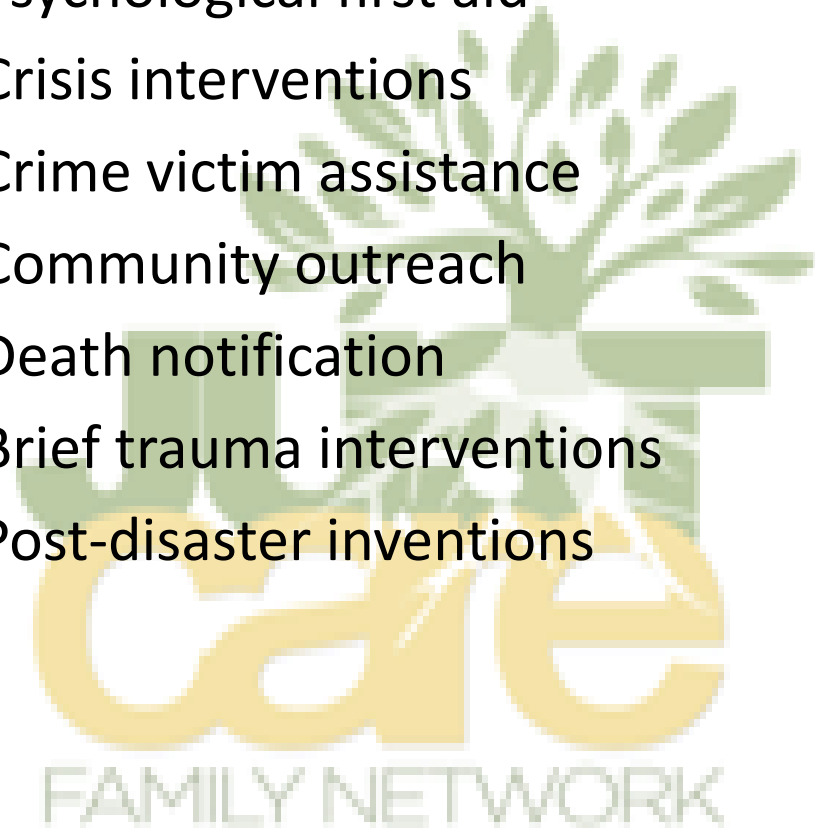


Competent disaster behavioral health practices require special attention given to special and/or vulnerable populations, cultural and ethical issues, and stressors in disaster work



# Role of Behavioral Health in Disaster Response

- Behavioral health consultation
- Liaison with key agencies
- Psychoeducation through media
- Behavioral health services with survivors, families
- Behavioral health services with responders
- Stress management support
- Crisis response
- On-scene interventions
- Immediate interventions
- Psychological first aid
- Crisis interventions
- Crime victim assistance
- Community outreach
- Death notification
- Brief trauma interventions
- Post-disaster interventions



I THINK WE MAY NEED TO  
UPDATE OUR DISASTER RECOVERY PLAN.  
THIS ONE SUGGESTS WE ALL RUN  
AROUND IN CIRCLES SHOUTING  
'WHAT DO WE DO?!!!' 'WHAT DO WE DO?!!!'





